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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 Chapter 11 |
| | ☐ Chapter 12 ☐ Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|--|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name Write the name that is on | Terrill First name | First name |
| your government-issued picture identification (for example, your driver's license or passport | Middle name Clay | Middle name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX- <u>3233</u> | xxx - xx |
| Security number or federal Individual Taxpayer Identification number (ITIN) | or 9 xx - xx- | 9 xx - xx- |

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| D | ebtor 1 Terrill First Name | Middle Name Last Name | Case number (if known) |
|----|--|--|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 7911 S Calumet Ave Apt 1r Number Street | Number Street |
| | | Chicago Illinois 60619 | |
| | | City State Zip Code | City State Zip Code |
| | | Cook County | County |
| | | • | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
| | | notices to you at this mailing address. | this mailing address. |
| | | | |
| | | Number Street | Number Street |
| | | | |
| _ | | City State Zip Code | City State Zip Code |
| 6. | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |

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| Debtor 1 Terrill | | | Case number (if kno | wn) |
|---|--|--|--|---|
| First Name | Middle Name | Last Name | | |
| Part 2: Tell the Court Abo | out Your Bankruptcy Case | | | |
| 7. The chapter of the Bankruptcy Code you are choosing to file under | | eription of each, see <i>Notice Requ</i> Also, go to the top of page 1 and | | c. § 342(b) for Individuals Filing for priate box. |
| 8. How you will pay the fee | more details about how cashier's check, or more may pay with a credit of the landividuals to Pay You. I request that my fee ligudge may, but is not retained to poverty line. | wyou may pay. Typically, if you ney order. If your attorney is sard or check with a pre-printer in installments. If you choose a Filing Fee in Installments (Obe waived (You may request equired to, waive your fee, and that applies to your family sing you must fill out the Application. | ou are paying the submitting your ed address. this option, sig fficial Form 103 this option only d may do so onl ze and you are u | the clerk's office in your local court for efee yourself, you may pay with cash, payment on your behalf, your attorney an and attach the <i>Application for</i> A). If you are filing for Chapter 7. By law, a y if your income is less than 150% of anable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9. Have you filed for bankruptcy within the last 8 years? | Yes. District District District | When When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District | <u>W</u> hen | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11. Do you rent your residence? | ✓ No. Go to line Yes. Fill out <i>Ini</i> . | | | of You (Form 101A) and file it with |

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Debtor 1 Terrill Clav Case number (if known) Middle Name Last Name First Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Terrill Clay Case number (if known)

First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Terrill | Clay | Case number (if) | known) | | | | |
|---|---|--|---|--|--|--|--|
| First Name | Middle Name Last Na | ame | | | | | |
| Part 6: Answer These Questions for Reporting Purposes | | | | | | | |
| 16. What kind of debts do you have? | No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily bus | narily for a personal, family, or hou iness debts? Business debts are trent or through the operation o | debts that you incurred to obtain f the business or investment. | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that funds No. | | property is excluded and administrative ecured creditors? | | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | |
| 19. How much do you estimate your assets to be worth? | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| 20. How much do you estimate your liabilities to be? | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| Part 7: Sign Below | | | | | | | |
| For you | correct. If I have chosen to file under Chapte of title 11, United States Code. I un under Chapter 7. If no attorney represents me and I dout this document, I have obtained I request relief in accordance with the I understand making a false stateme connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 1519 | er 7, I am aware that I may proceed derstand the relief available under id not pay or agree to pay someor and read the notice required by 1 ne chapter of title 11, United State ent, concealing property, or obtain can result in fines up to \$250,000 | es Code, specified in this petition. | | | | |
| | /s/ Terrill Clay Signature of Debtor 1 | | e of Debtor 2 | | | | |
| | Executed on 8/29/2018 MM / DD / YY | Execute | | | | | |

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| Debtor 1 Terrill | | Clay | Case number (if) | known) |
|--|---------------------------|-----------------------|-----------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12 | , or 13 of title 11, United | ave informed the debtor(s) about d States Code, and have explained the lso certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § 3 | 342(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I |
| represented by an | | | | ules filed with the petition is incorrect. |
| attorney, you do not | · · | , , | | • |
| need to file this page. | /s/ Morsheda Hash | em | Date | 8/29/2018 |
| | Signature of Attorney | **** | | M / DD / YYYY |
| | | | | |
| | | | | |
| | Morsheda Hashem | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 11101 S. Western Ave | anua | | |
| | Street | anue . | | |
| | 0001 | | | |
| | | | | |
| | Chicago | | Illinois | 60643 |
| | City | | State | Zip Code |
| | • | | | |
| | Contact phone | 3129130625 | Email address | mhashem@semradlaw.com |
| | | | | |
| | | | | |
| | Bar number | | State | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1 | Terrill | | Clay | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| | | | (State) | | | | |
| Case number (If known) | | | | | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you owr |
|--|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) | 40.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$4,700.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$4,700.00 |
| t 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | Ф0.700.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$3,728.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$2,113.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$18,318.00 |
| Your total liabilities | \$24,159.00 |
| rt 3: Summarize Your Income and Expenses | |
| | \$2,544.57 |
| Schedule I: Your Income (Official Form 106I) | Ψ2,074.07 |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,394.00 |

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| Deb | otor 1 Terrill | | Clay | Case number (if known) | | | | | | |
|-------------|--|------------------------------|--|--|------------|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | |
| Part | 4: Answer These Que | stions for Administrat | ive and Statistical Recor | ds | | | | | | |
| 6. A | Are you filing for bankrupto | under Chapters 7, 11, o | r 13? | | | | | | | |
| [| No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | |
| | ✓ Yes. | | | | | | | | | |
| 7. V | 7. What kind of debt do you have? | | | | | | | | | |
| [| | | ımer debts are those incurred b Fill out lines 8-10 for statistical | by an individual primarily for a personal, | | | | | | |
| | | • () | • | | | | | | | |
| L | this form to the court with | - | ou have nothing to report on tr | is part of the form. Check this box and su | ıbmit | | | | | |
| | | | | | | | | | | |
| | Form 122A-1 Line 11; OR , F | | e: Copy your total current mor orm 122C-1 Line 14. | nthly income from Official | \$2,026.55 | | | | | |
| 9. | Copy the following specia | I categories of claims fro | om Part 4, line 6 of Schedule | E/F: | | | | | | |
| | | | | | | | | | | |
| | From Part 4 on Schedule | E/F, copy the following: | | Total claim | | | | | | |
| | 9a. Domestic support obliga | ations (Copy line 6a.) | | \$2,113.00 | | | | | | |
| | 9b. Taxes and certain other | debts you owe the govern | ment. (Copy line 6b.) | \$0.00 | | | | | | |
| | 9c. Claims for death or pers | onal injury while you were i | intoxicated. (Copy line 6c.) | \$0.00 | | | | | | |
| | 9d. Student loans. (Copy lin | ne 6f.) | | \$0.00 | | | | | | |
| | 9e. Obligations arising out of a separation agreement o | | or divorce that you did not repo | ort as \$0.00 | | | | | | |
| | priority claims. (Copy line 6 | g.) | | | | | | | | |
| | 9f. Debts to pension or pro | it-sharing plans, and other | similar debts. (Copy line 6h.) | \$0.00 | | | | | | |
| | | | | | | | | | | |

\$2,113.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this | inforn | nation to identify your | case: | | | | |
|-------------------------------------|---------------------------|--|---|---|---|---|---|
| Debtor 1 | | Terrill | | Clay | | | |
| Debtor 2 | | First Name | Middle N | ame Last Name | | | |
| (Spouse, if fi | ling) | First Name | Middle N | ame Last Name | | | |
| United Sta | ates Ba | ankruptcy Court for the | : Northern | District of Illinois | | | |
| Case num | nber | | | (State) | | | |
| Officia | al Fo | orm 106A/B | | | | | Check if this is an amended filing |
| Sche | dule | e A/B: Prop | erty | | | | 12/1 |
| category responsib write your | where le for s name | you think it fits best. supplying correct info and case number (if | . Be as complete a ormation. If more s f known). Answer e | st an asset only once. If an ass nd accurate as possible. If two pace is needed, attach a sepa rery question. nd, or Other Real Estate Yo | married peopl rate sheet to tl | le are filing together, both a his form. On the top of any a | are equally |
| | | | | n any residence, building, land | | | |
| ✓ | No. G | Go to Part 2 | | | | | |
| | Yes. \ | Where is the property? | | | | | |
| 1.1 | Street | t address, if available, o | or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. the amount of any secured claims on Schedu Creditors Who Have Claims Secured by Prope | | |
| | | | | Condominium or cooperati Manufactured or mobile ho | ve | Current value of the entire property? | Current value of the portion you own? |
| | Numl | per Street | Zip Code | Land Investment property Timeshare Other | | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by |
| | | | | Who has an interest in the nu | ranartus Chaak | | ommunity property |
| | | | | Who has an interest in the prone. | roperty? Check | (see instructions) | |
| | | | | Debtor 1 only Debtor 2 only | | | |
| | | | | Debtor 2 only Debtor 1 and Debtor 2 only | , | | |
| | | | | At least one of the debtors | and another | | |
| | | | | Other information you wish t property identification numb | | is item, such as local | |
| If you | own c | or have more than one, | , list here: | property identification fullib | CI. | | |
| 1.2 | Street | t address, if available, o | or other description | What is the property? Check Single-family home | | the amount of any secu | claims or exemptions. Put ired claims on <i>Schedule D:</i> aims Secured by Property. |
| | | | | Duplex or multi-unit buildin Condominium or cooperati Manufactured or mobile ho | ve | Current value of the entire property? | Current value of the portion you own? |
| | Numl | oer Street | | Land | | Describe the neture of | f.va.vu avvua vahin |
| | | 3.001 | | Investment property Timeshare | | Describe the nature of interest (such as fee state of the entireties, or a life | simple, tenancy by |
| | City | State | Zip Code | Who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Other information you wish t property identification numb | , and another o add about th | Check if this is co (see instructions) | ommunity property |

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| Debtor 1 | | | | mber (if known) | |
|------------|---|---------------------------------|---|--|---|
| | First Name | Middle Name | Last Name | | |
| 1.3 | et address, if available, or o | | Vhat is the property? Check all that apply. Single-family home | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. |
| | | [| Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| Num | nber Street | Zip Code | Land Investment property Timeshare Other | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by |
| | |]]] [| Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | mmunity property |
| | | | Other information you wish to add about this it property identification number: | em, such as local | |
| you hav | Describe Your Vehicle | rite that number he | III of your entries from Part 1, including any er ere. | and to page | |
| you own th | | you lease a vehicle, a | in any vehicles, whether they are registered of also report it on Schedule G: Executory Contracts cycles | | |
| ✓ Yes | 3 | | | | |
| 3.1 | Make Model: Year: | Buick Park Ave 2001 | Who has an interest in the property? Check one. Debtor 1 only | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Approximate mileage: Other information: 2001 Buick Park Ave | 150000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$1225.00 | Current value of the portion you own? \$1225.00 |
| | | | Check if this is community property (se instructions) | ee | |
| 3.2 | Make | Harley- Davidson Springer | Who has an interest in the property? Check one. Debtor 1 only | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Model: Year: Approximate mileage: Other information: | Softtail 1995 120000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$3225.00 | Current value of the portion you own? \$3225.00 |
| | 1995 Harley-Davidson Spi | inger Softtail | Check if this is community property (seinstructions) | ee | |

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| ebtor 1 | | | Clay | Case numbe | er (if known) | |
|--|---------------------------|---------------------|--|--|------------------------|---|
| | First Name | Middle Name | Last Name | | | |
| 3.3 | Make Model: Year: | | Who has an interest in the prone. | roperty? Check | the amount of any secu | claims or exemptions. Pured claims on <i>Schedule Laims Secured by Property</i> . |
| | Approximate mileage: | | Debtor 1 only | | | , , , |
| | , pp. oximate imeage. | · | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | ′ | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communing instructions) | ty property (see | | |
| 3.4 | Make | | Who has an interest in the pr | roperty? Check | Do not deduct secured | claims or exemptions. Pu |
| | Model: | | one. | the amount of any secured claims on Sch Creditors Who Have Claims Secured by Pr Current value of the Current value o | | |
| Approximate mileage: Debtor 2 only Current value of the Current value of | aims Secured by Property. | | | | | |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | 1 | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | · |
| | | | | ty property (see | | |
| 4.1 | Yes Make | | Who has an interest in the p | roperty? Check | Do not deduct secured | claims or exemptions. Pu |
| | Model: | | one. | | • | red claims on Schedule L |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | aims Secured by Property |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | 1 | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communi instructions) | ty property (see | | |
| 4.2 | Make | | Who has an interest in the p | roperty? Check | Do not deduct secured | claims or exemptions. Pu |
| | Model: | | one. | | - | red claims on Schedule I |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | aims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | 1 | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communiinstructions) | ty property (see | | |
| | | | I of your entries from Part 2, inc | | | 450.00 |
| vou ha | we attached for Part 2 Wi | ite that number her | re | | 54 | 450.00 |

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Living room set, bedroom set 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Cell Phone, TV \$250.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$250.00 for Part 3. Write that number here

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Debtor 1 Terrill Clay Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$0.00 17.1. Checking account: Bank of America 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Deb | first Name | Middle Name | Last Name | Case number (if known) | |
|-----|--------------------------------------|---|-----------------------------|--|----------|
| 20. | Government and corp | orate bonds and other negotials include personal checks, cashiers' | ele and non-negotiable | | |
| | | ents are those you cannot transfer | | | |
| | ✓ No | | | | |
| | Yes. Give specific information about | Issuer name: | | | |
| | them | issuel fiditie. | | | |
| | | - | | | |
| | | - | | | |
| 21. | Retirement or pension | | | | |
| | _ | RA, ERISA, Keogh, 401(k), 403(b) | , thrift savings accounts | , or other pension or profit-sharing plans | |
| | ✓ No Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | | | |
| | coparatory. | Pension plan: | | | <u> </u> |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, public | | | |
| | ✓ No | | Institution name: | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | or a periodic payment of money to | you, either for life or for | a number of years) | - |
| | ✓ No | Issuer name and description: | | | |
| | Yes | | | | |
| | | | | | · - |
| | | | | | · - |
| | | - | | | |

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| Debte | or 1 Terrill | | ase number (if known) | |
|-------|---|---|--|---|
| 0.4 | First Name | Middle Name Last Name | . P.W. all all all all all all all all all al | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529A(b), a | n an account in a qualified ABLE program, or under a cand 529(b)(1). | qualified state tuition program. | |
| | No Institution name an Yes | d description. Separately file the records of any interests.11 | U.S.C. § 521(c): | |
| | | | | |
| 25. | Trusts, equitable or future inter- | ests in property (other than anything listed in line 1), a | and rights or powers | |
| | exercisable for your benefit | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | Yes. Describe | | | |
| 26. | | s, trade secrets, and other intellectual property, websites, proceeds from royalties and licensing agreemen | ts | |
| | No Yes. Describe | | | |
| | | | | |
| 27. | Licenses, franchises, and other Examples: Building permits, exclus | general intangibles sive licenses, cooperative association holdings, liquor licens | es, professional licenses | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |
| Mon | ney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property owed to you? Tax refunds owed to you | | | portion you own? Do not deduct secured |
| | | | | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No ☐ Yes. Give specific information | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return | ns | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | ns | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | ns | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum alleged No | ns limony, spousal support, child support, maintenance, divor | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years | ns limony, spousal support, child support, maintenance, divor | State: Local: rce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum alleged No | ns limony, spousal support, child support, maintenance, divor | State: Local: rce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum alleged No | ns limony, spousal support, child support, maintenance, divor | State: Local: rce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum allowed No Yes. Give specific information | ns limony, spousal support, child support, maintenance, divor | State: Local: rce settlement, property settlemen Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum allowing the sum of the su | ns limony, spousal support, child support, maintenance, divor | State: Local: ree settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum allegements | imony, spousal support, child support, maintenance, divor bu insurance payments, disability benefits, sick pay, vacation | State: Local: ree settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whyou already filed the return and the tax years Family support Examples: Past due or lump sum allowing the sum of the su | imony, spousal support, child support, maintenance, divor bu insurance payments, disability benefits, sick pay, vacation | State: Local: ree settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Terrill | | Clay | Case number (if known) | |
|------|---|---------------------------|---|--|---|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance Examples: Health, disabi | | alth savings account (HSA); credit, | homeowner's, or renter's insurance | |
| | Yes. Name the insur of each policy and li | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | | of a living trust, expect | someone who has died proceeds from a life insurance police | cy, or are currently entitled to receive | _ |
| | Yes. Describe | | | | |
| 33. | | | you have filed a lawsuit or made urance claims, or rights to sue | a demand for payment | |
| 34. | Other contingent and to set off claims | unliquidated claims of | every nature, including counter | rclaims of the debtor and rights | |
| | No Yes. Describe | | | | |
| 35. | Any financial assets yo | ou did not already list | | | |
| | Yes. Describe | | | | |
| 36. | | - | n Part 4, including any entries f | | |
| Part | 5: Describe Any Bu | ısiness-Related Pro | perty You Own or Have an I | Interest In. List any real estate in Pa | art 1. |
| 37. | Do you own or have an | y legal or equitable in | terest in any business-related p | roperty? | <u> </u> |
| | No. Go to Part 6. Yes. Go to line 38. | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts receivable o | r commissions you alro | eady earned | | or exemptions |
| | Yes. Describe | | | | |
| 39. | Office equipment, furn Examples: Business-rela | | e, modems, printers, copiers, fax m | nachines, rugs, telephones, desks, chairs, ele | ectronic devices |
| | ✓ No Yes. Describe | | | | |
| | | | | | |

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| Deb | tor 1 Terrill | Clay Case number (if known) | |
|-------|--------------------------|--|--|
| 40 | First Name | Middle Name Last Name | |
| 40. | | equipment, supplies you use in business, and tools of your trade | |
| | ✓ No | | |
| | Yes. Describe | | |
| | | | |
| 41. | Inventory | | |
| | √ No | | |
| | Yes. Describe | | |
| | Teo. Describe | | |
| | | | |
| 42. | Interests in partnersh | ips or joint ventures | |
| | ✓ No | | |
| | Yes. Give specific | Name of entity: % of ownership: | |
| | information about | | |
| | them | | |
| | | | |
| | | | - |
| 43. | Customer lists, mailing | lists, or other compilations | |
| | ✓ No | | |
| | Yes. Do your lists in | nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | ☐ No | | |
| | Yes. Desc | ribe | |
| | □ | | |
| 44. | Any business-related | property you did not already list | |
| | ✓ No | | |
| | Yes. Give specific | | _ |
| | information | | _ |
| | | | |
| | | | <u> </u> |
| | | | _ |
| | | | <u> </u> |
| | | | |
| | | | <u> </u> |
| 45. A | dd the dollar value of a | all of your entries from Part 5, including any entries for pages you have attached | |
| | | er here | |
| | Describe Any F | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. | |
| Pari | | n interest in farmland, list it in Part 1. | |
| 46. | Do you own or have a | any legal or equitable interest in any farm- or commercial fishing-related property? | |
| | - | , 1.53a. 5. 54a.1a.26 | Current value of the |
| | No. Go to Part 7. | | portion you own? |
| | Yes. Go to line 47. | | Do not deduct secured claims or exemptions |
| 47 | Farm animals | | or oxomptions |
| | Examples: Livestock, p | oultry, farm-raised fish | |
| | No | | |
| | Yes. Describe | | |
| | | | |
| | | | |

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| Deb | tor 1 Terrill | Clay | Case number (if known) | |
|--------------|---|---------------------------------------|---|-------------|
| | First Name Middle Name | Last Name | | |
| 48. | Crops-either growing or harvested | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |
| 49. | Farm and fishing equipment, implements, machinery, fixtu | ires, and tools of trade | | |
| | No No | | | |
| | <u> </u> | | | |
| | Yes. Describe | | | |
| | | | | |
| 50. | Farm and fishing supplies, chemicals, and feed | | | |
| | □ Nie | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 51. | Any farm- and commercial fishing-related property you did | d not already list | | |
| • • • | | a ou u, | | |
| | No No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | Г | |
| | dd the dollar value of all of your entries from Part 6, includi | | es you have attached | |
| TOT P | art 6. Write that number here | | | |
| | | | | |
| | | | | |
| | Described Brown No. O. and Heaven Lie | TI D. I | NI. I I I I I I I I I I I I I I I I I I | |
| Part | | | Not List Above | |
| 53. | Do you have other property of any kind you did not already Examples: Season tickets, country club membership | list? | | |
| | | | | |
| | ✓ No | | | |
| | Yes. Give specific | | | |
| | information | | | |
| | | | | |
| | | | | |
| 54. A | dd the dollar value of all of your entries from Part 7. Write t | hat number here |) | > |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part | 8: List the Totals of Each Part of this Form | | | |
| | | | | |
| 55. | Part 1: Total real estate, line 2 | | > | |
| | | | | |
| 56. | part 2 total vehicles, line 5 | \$4450.00 | _ | |
| 57. F | Part 3: Total personal and household items, line 15 | \$250.00 | | |
| 50 6 | Part 4: Total financial assets, line 36 | Ψ200.00 | _ | |
| 30.1 | art 4. Total illiancial assets, line 50 | | _ | |
| 59. | Part 5: Total business-related property, line 45 | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | | |
| 61 | Part 7: Total other property not listed line 54 | | _ | |
| 01. | Part 7: Total other property not listed, line 54 | | | |
| 62. | Total personal property. Add lines 56 through 61 | \$4700.00 | | + \$4700.00 |
| | | · · · · · · · · · · · · · · · · · · · | Copy personal property total | |
| | | | | ¢4700.00 |
| 63 7 | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$4700.00 |
| UU. | otal of an property on ounedure A/D. Add into 30 + inte 02 | | | i l |

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| Fill | in this infor | mation to identify your ca | ase: | | | |
|---|--|--|--|--|---|---|
| Deb | otor 1 | Terrill | | Clay | | |
| 200 | J. 1 | First Name | Middle Name | Last Name | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States B | ankruptcy Court for the: | Northern D | istrict of Illinois | | |
| | se number nown) | | | (State) | | |
| Of | ficial | Form 106C | | | | ck if this is an ended filing |
| Sc | hedul | e C: The Prop | erty You Claim a | s Exempt | | 04/16 |
| info as e add For stat the tax- und you | each iten te a specificamount of exempt reler a law treemptite. The company of t | Using the property you more space is needed ges, write your name at a form of property you classic dollar amount as a form applicable statetirement funds—mat limits the exemption would be limited at a form of exemptions are your more space. | u listed on Schedule A/B: I fill out and attach to this pand case number (if known im as exempt, you must sexempt. Alternatively, you utory limit. Some exempt ay be unlimited in dollar atton to a particular dollar to the applicable statutor. Claim as Exempt Claiming? Check one only, even | Property (Official Form 106A page as many copies of Para page as many copies of Para page as many copies of Para page as many claim the full fair mations—such as those for he amount. However, if you claim amount and the value of the amount. | re equally responsible for supplying corre VB) as your source, list the property that at 2: Additional Page as necessary. On the exemption you claim. One way of doing arket value of the property being exempted that aids, rights to receive certain beneating an exemption of 100% of fair marking property is determined to exceed the exemption. | you claim top of any so is to oted up to efits, and et value |
| | | _ | deral nonbankruptcy exemp | | | |
| 2. | | _ | mptions. 11 U.S.C. § 522(b)(2 dule A/B that you claim as e | ِدِ) xempt, fill in the information b | elow. | |
| | | cription of the property hedule A/B that lists th | | Amount of the exemption you Check only one box for each e. | • | xemption |
| | Brief description Used Line from Schedule | Clothing | \$0.00 | \$0 100% of fair market valuapplicable statutory limit | 735 ILCS 5/12-100 e, up to any | 11(a) |
| | | n: g room set, oom set | \$0.00 | \$0 100% of fair market valu applicable statutory limit | 735 ILCS 5/12-100 e, up to any | 1(b) |
| 3. | (Subject to | n adjustment on 4/01/19 a | | 375? cases filed on or after the date of ithin 1,215 days before you filed | • | |

No Yes

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Debtor 1 Terrill Clay Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$0.00 description: **✓** \$0 Checking account, Bank 100% of fair market value, up to any of America applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(c); 735 ILCS Brief \$3,225.00 description: 5/12-1001(b) **V** \$2,400.00; \$825.00 Harley-Davidson 100% of fair market value, up to any Springer Softtail, 1995, applicable statutory limit 1995 Harley-Davidson Springer Softtail Line from Schedule A/B: 03 735 ILCS 5/12-1001(b) Brief \$250.00 description: \$250.00 Cell Phone, TV 100% of fair market value, up to any Line from

applicable statutory limit

Schedule A/B:

07

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| | | DC | ocument 1 age 22 of | 31 | | |
|--------------------------------|--|---|--|---|---|-------------------------------------|
| Fill in this i | nformation to identify your cas | se: | | | | |
| Debtor 1 | Terrill | | Clay | | | |
| D 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if fili | ng) First Name | Middle Name | Last Name | | | |
| United Stat | tes Bankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case numl | ber | | (State) | | | |
| Officia | al Form 106D | | | | | Check if this is a mended filing |
| Sche | dule D: Credito | ors Who Ha | ve Claims Secur | ed by Prop | ertv | 12/1 |
| more space name and of 1. Do a | e is needed, copy the Additio case number (if known). ny creditors have claims se | nal Page, fill it out, nur ecured by your proper it this form to the court | le are filing together, both are equipment the entries, and attach it to rty? with your other schedules. You have | this form. On the top | of any additional page | |
| Part 1: L | ist All Secured Claims | | | | | |
| sepa | art 2. As much as possible, list | an one creditor has a pa | cured claim, list the creditor rticular claim, list the other creditors order according to the creditor's | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| Cred PO N HAN City Who | EMAIN litor's Name BOX 499 Number Street NOVER MD 21076 State ZIP Code to owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt e debt was urred | 2001 Buick Park Ave As of the date you file Contingent Unliquidated Disputed Nature of lien. Check An agreement you car loan) | made (such as mortgage or secured as tax lien, mechanic's lien) as lawsuit right to offset) | | \$1,225.00 | \$2,503.00 |
| | Add the dollar value of y | our entries in Column | A on this page. Write that numbe | r \$3,728.00 | | |

here:

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| Fill in | this inforr | mation to identify your c | ase: | | | | | |
|--|---|---|---|--|---|--|--|---|
| Debto | r 1 | Terrill | | Clay | | | | |
| Debto | | First Name | Middle Name | Last Name | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | | | | |
| United | States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| Case r | number n) | | | (0.000) | | | | |
| Offic | cial Fo | orm 106E/F | | | _ | Chec | k if this is an | amended filin |
| Scł | าedเ | ile E/F: Cre | ditors Who | Have Unsecure | d Claims | | | 12/1 |
| other properties of the entire chairms the entire chairms when the control of the | party to a 06A/B) a that are tries in th). List A O any cr | iny executory contracts and on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At All of Your PRIORIT | s or unexpired leases the ecutory Contracts and L Creditors Who Hold Clai | | executory contract G). Do not include a ace is needed, copy | s on <i>Schedul</i> any creditors the Part you | le <i>A/B: Prop</i> with partia u need, fill i | e <i>rty</i> (Official Illy secured t out, number |
| 2. L | sted, iden As much a Continuati | itify what type of claim it as possible, list the claims on Page of Part 1. If mor | is. If a claim has both prices in alphabetical order accert than one creditor holds | s more than one priority unsecured clai ority and nonpriority amounts, list that cording to the creditor's name. If you had a particular claim, list the other creditor as for this form in the instruction bookle | claim here and show ave more than two p rs in Part 3. | both priority | and nonprior | rity amounts. |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IDOR-Ba | ankruptcy Section | | Last 4 digits of account number | | \$0.00 | \$0.00 | \$0.00 |
| | Chicago City Who inc Debt Debt At le | Illinois State urred the debt? Check tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors ar ck if this claim relates aim subject to offset? | nd another | When was the debt incurred? As of the date you file, the claim i apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you government Claims for death or personal injuintoxicated | n: ou owe the | | | |
| | No | aim subject to onset? | | Other. Specify | | | | |
| 2.2 | | epartment of Healthcare & reditor's Name 19405 Street | & Family Service | Last 4 digits of account number _ When was the debt incurred? _ As of the date you file, the claim i | n/a | \$2,113.00 | \$2,113.00 | \$0.00 |
| | Debt Debt Debt At le | Illinois State urred the debt? Check tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors ar ck if this claim relates aim subject to offset? | nd another | apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts yo government Claims for death or personal injuintoxicated Other. Specify | ou owe the | | | |

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Your PRIORITY Unsecured Claims - Continuation Page Total Priority Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. claim amount amount 2.3 IRS \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? ___n/a Po Box 7346 Number Street As of the date you file, the claim is: Check all that apply Contingent 19101 Philadelphia Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the At least one of the debtors and another government Claims for death or personal injury while you were Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 2.4 Kendra Wilson c/o IL Dept of Healthcare and Family \$0.00 \$0.00 \$0.00 Last 4 digits of account number Services When was the debt incurred? Priority Creditor's Name PO Box 19405 As of the date you file, the claim is: Check all that Number Street apply. Contingent Springfield Illinois 62794 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: $\overline{}$ ✓ Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the Debtor 1 and Debtor 2 only government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?

✓ No ☐ Yes

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| Debto | r 1 Terrill First Name Middle Name | Clay Last Name | Case number (if known) | |
|------------------|--|-------------------|--|-------------------|
| Part 2 | | | | |
| | o any creditors have nonpriority unsecured claims as No. You have nothing to report in this part. Submit | gainst you? | e court with your other schedules. | |
| 4. L u lf | ist all of your nonpriority unsecured claims in the alp nsecured claim, list the creditor separately for each claim. | For each claim li | r of the creditor who holds each claim. If a creditor has more sted, identify what type of claim it is. Do not list claims already invart 3. If you have more than four priority unsecured claims fill out | cluded in Part 1. |
| | | | | Total claim |
| 4.1 | CAPITAL ONE Nonpriority Creditor's Name 11013 W BROAD ST | | Last 4 digits of account number 0625 When was the debt incurred? 2/2017 | \$579.00 |
| | Number Street GLEN ALLEN Virginia 23060 City State Zip Co Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | de | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | |
| 4.2 | CAPITALONE | | Last 4 digits of account number 4897 | \$841.00 |
| | Nonpriority Creditor's Name PO BOX 30253 Number Street SALT LAKE CITY Utah 84130 City State Zip Co Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | de | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | |
| 4.3 | City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street Chicago Illinois 60608 City State Zip Co Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset? ✓ No Yes | de | When was the debt incurred? | \$4,200.00 |

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CLIFFORD WINSLOW/DUKES CHRISTINA c/o SILVESTRI LAURIE 4.4 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 70 W MADISON 1400 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated 60602 Chicago Illinois Disputed City State Zip Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Other. Specify 2008-M1-725674 (notice only) Check if this claim relates to a community debt Is the claim subject to offset? **✓** No Yes Comcast 4.5 \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11621 E. Marginal Way # 5 n/a As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Unliquidated Washington 98168 Seattle Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only $\overline{\mathbf{A}}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Cable Bill Is the claim subject to offset? **✓** No Yes 4.6 ComEd \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center Number Street As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated Oakbrook Terrace Illinois 60181 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify _

Electric Bill

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CREDIT ONE BANK NA \$611.00 8477 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/2018 PO BOX 98875 Street Number As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS 89193 Nevada Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify Is the claim subject to offset? V No Yes DISCOVER FIN SVCS LLC 4.8 \$301.00 7791 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 15316 When was the debt incurred? 8/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes FIRST PREMIER BANK 4.9 \$433.00 Last 4 digits of account number 4508 Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 6/2013 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims

V No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts Other. Specify

Debts to pension or profit-sharing plans, and other similar

CreditCard

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** HARVARD COLLECTION SER 4.10 \$798.00 Last 4 digits of account number Nonpriority Creditor's Name 4839 ELSTON AVE When was the debt incurred? 4/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** 60630 Illinois Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? ✓ ORIGINAL CREDITOR: IL DEPARTMENT OF HUMAN Other. Specify **SERVICE** Yes MARKETPLACE HOUSING c/o KAHN SANFORD LLP 4.11 \$3,375.00 Last 4 digits of account number Nonpriority Creditor's Name 180 N LASALLE#2025 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60601 Chicago Citv State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ 2017-M1-711128 Is the claim subject to offset? **✓** No Yes 4.12 Peoples Gas \$2,500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 200 E. Randolph Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60601 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Gas Bill Is the claim subject to offset?

No Yes

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Debtor 1 Terrill Clav Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 SYNCB/PAYPAL EXTRAS MC \$388.00 2173 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 981416 When was the debt incurred? 3/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent EL PASO 79998 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.14 USAA SAVINGS BANK \$592.00 1433 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 47504 When was the debt incurred? 2/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAN ANTONIO Texas 78265 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes WoW Cable Co 4.15 \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 118 East Wing Street n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60004 Arlington Heights City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Cable Bill Is the claim subject to offset?

✓ No Yes Case 18-24450 Doc 1 Filed 08/29/18 Entered 08/29/18 17:33:01 Desc Main Document Page 30 of 91

| ebtor 1 | Terrill First Name | Mi | ddle Name | Clay Last Name | Case nu | mber (if known) |
|--------------|------------------------------------|--|---|---|--------------------|--|
| rt 3: | List Others to I | Be Notified Ab | out a Debt That You | u Already Listed | | |
| colle | ection agency is ection agency he | trying to collect re. Similarly, if y | from you for a debt you have more than on | ou owe to someone e creditor for any o | else, list the ori | already listed in Parts 1 or 2. For example, if a ginal creditor in Parts 1 or 2, then list the you listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. |
| HAF Nam | RRIS & HARRIS LT | D | | On which entry in | n Part 1 or Part 2 | 2 did you list the original creditor? |
| | W JACKSON BLV mber Street | /D S-400 | | Line 4.3 | of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| CHI City | CAGO | Illinois State | 60604 Zip Code | Last 4 digits of a | ccount number | Claims |
| | Secretary of State | | p | On which entry in | n Part 1 or Part 2 | 2 did you list the original creditor? |
| | 01 S. Dirksen Parkw mber Street | vay | | Line 4.3 | of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Spri City | ingfield | Illinois State | 62723 Zip Code | Last 4 digits of a | ccount number | |

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Debtor 1 Terrill Clay Case number (if known) First Name Middle Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$2,113.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$2,113.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$18,318.00

\$18,318.00

6j.

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| First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois | Debtor 1 | Terrill | | Clay | |
|--|---------------------|---------------------------|-------------|----------------------|--|
| (Spouse, if filing) First Name Middle Name Last Name | | First Name | Middle Name | Last Name | |
| rindus value Last value | Debtor 2 | | | | |
| United States Bankruptcy Court for the: Northern District of Illinois | (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | United States E | Bankruptcy Court for the: | Northern | District of Illinois | |
| (State) | | | | (State) | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or comp | pany with whom you have | the contract or lease | State what the contract or lease is for | |
|-----|------------------------|-------------------------|-----------------------|---|--|
| 2.1 | Shabazz, Tisha Name | | | Residential Lease, Debtor is Lessee, Yearly Residential Lease | |
| | 7911 S Calumet | t Ave Apt 1r | | • | |
| | Number | Street | | | |
| | Chicago | Illinois | 60619 | | |
| | City | State | Zip Code | | |

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| | | D00 | Junion Lag | 2 33 01 31 |
|---------------------------------|--|-------------------------------|---|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Terrill | | Clay | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case number (If known) | | | | |
| | | | | Check if this is an amended filing |
| Official | Form 106H | | | anonded iming |
| | | | | |
| Schedu | le H: Your Co | debtors | | 12/15 |
| No Yes 2. Within the Idaho, Lo | ne last 8 years, have you buisiana, Nevada, New Me Go to line 3. s. Did your spouse, form No | xico, Puerto Rico, Texas, Was | erty state or territory shington, and Wisconsi ent live with you at the | ? (Community property states and territories include Arizona, California, n.) |
| | | | | |
| | Name of your spouse, | former spouse, or legal equiv | alent | |
| | Number Street | | | |
| | City | State | Zip Co | de . |
| again as Schedule | a codebtor only if that e <i>E/F</i> (Official Form 106 | person is a guarantor or co | signer. Make sure you | if your spouse is filing with you. List the person shown in line 2 have listed the creditor on Schedule D (Official Form 106D), needule D, Schedule E/F, or Schedule G to fill out Column 2. |
| Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |

Check all schedules that apply:

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| | | | | 9 | | | | |
|---|--|--|---------------------------|-------------------|----------------------|---|--|--|
| Fill in this inforr | nation to identify | your case: | | | | | | |
| | errill | | Clay | | | | | |
| | rst Name | Middle Name | Last Na | ame | Che | ck if this is: | | |
| Debtor 2 (Spouse, if filing) $\overline{F_i}$ | rst Name | Middle Name | Last Na | ame | — | An amended filing | | |
| United States Bar | nkruptcy Court for | Northern | District of Illi | nois | | A supplement showing post-petition chapter 1 expenses as of the following date: | | |
| the: Case number | | | (S | tate) | | | | |
| (If known) | | | | | i | MM / DD / YYYY | | |
| Official Fo | orm 106I | | | | | | | |
| Schedule | I: Your In | come | | | | 12/1 | | |
| information abo spouse. If more number (if know | ut your spouse. I | f you are separated and , attach a separate she y question. | d your spous | e is not filin | g with you, do | r spouse is living with you, include not include information about your ional pages, write your name and case | | |
| Fill in your er information. | nployment | | Debtor 1 | | | Debtor 2 | | |
| information. | | Employment status | nployment status Employed | | | Employed | | |
| If you have me attach a separ | ore than one job, | | | - | | Not Employed | | |
| information ab employers. | . • | Occupation | Not Employed | | | Not Employed | | |
| . , | ne, seasonal, or | Occupation Employer's name | Driver VCNA Prair | ie Inc | | | | |
| self-employed | work. | | - | | | | | |
| Occupation m or homemake | ay include student r, if it applies. | Employer's address | 7601 W. 7 Number Str | | | Number Street | | |
| | | | Bridgeview City | Illinois State | 60455 Zip Code | City State Zip Code | | |
| | | How long employed there? | 2 months | | | | | |
| Part 2: Give I | Details About N | Monthly Income | | | | | | |
| | | the date vou file this form | 1. If you have | nothing to rep | oort for any line, v | write \$0 in the space. Include your non-filing | | |
| spouse unless y | hly income as of to ou are separated. | , | | | | | | |
| If you or your no | ou are separated. | e more than one employer, | combine the i | | | or that person on the lines below. If you need | | |
| If you or your no | ou are separated. n-filing spouse have | e more than one employer, | combine the i | | r all employers fo | r that person on the lines below. If you need For Debtor 2 or non-filing spouse | | |
| If you or your no more space, atta | ou are separated. n-filing spouse have ach a separate she y gross wages, sala | e more than one employer, | re all payroll | | | For Debtor 2 or | | |
| If you or your no more space, atta | ou are separated. n-filing spouse have ach a separate she y gross wages, sala | e more than one employer, et to this form. ary, and commissions (before, calculate what the monthly was a second to the commission). | re all payroll | Foi | Debtor 1 | For Debtor 2 or | | |

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| Deb | otor 1 l errill First Name | • | | Case number (if | | | | |
|---------------|--|--|-------------|-----------------|------------------------|-----------------------------------|-------|-------------------------|
| | riist Name | Wildle Name | Last Name | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| C | opy line 4 here | | → | 4. | \$1,669.07 | | | |
| | st all payroll deductions: | | | | | | | |
| | a. Tax, Medicare, and Soc | cial Security deductions | | 5a. | \$306.63 | | | |
| 5 | b. Mandatory contribution | ns for retirement plans | | 5b. | \$0.00 | | | |
| 5 | c. Voluntary contributions | s for retirement plans | | 5c. | \$0.00 | | | |
| 5 | d. Required repayments o | of retirement fund loans | | 5d. | \$0.00 | | | |
| 5 | e. Insurance | | | 5e. | \$0.00 | | | |
| 5 | f. Domestic support obliga | ations | | 5f. | \$0.00 | | | |
| | g. Union dues | | | 5g. | \$0.00 | | | |
| 5 | h. Other deductions. Spec | pify: | | 5h. + | \$0.00 + | | | |
| | dd the payroll deductions. | . Add lines 5a + 5b + 5c + 5d + 5e +5 | | 6. | \$306.63 | | | |
| 7. C a | alculate total monthly tak | ce-home pay. Subtract line 6 from line | e 4. | 7. | \$1,362.44 | | | |
| 8. Li | st all other income regula | arly received: | | | | | | |
| 8 | business, profession, or | | | | | | | |
| | | ch property and business showing nd necessary business expenses, and | d | | | | | |
| | the total monthly net inco | | | 8a. | \$0.00 | | | |
| 8 | b. Interest and dividends | | | 8b. | \$0.00 | | | |
| 8 | dependent regularly red | | | | | | | |
| | divorce settlement, and p | | | 8c. | \$0.00 | | | |
| 8 | d. Unemployment comper | nsation | | 8d. | \$110.25 | | | |
| 8 | e. Social Security | | | 8e. | \$0.00 | | | |
| 8 | Include cash assistance at cash assistance that you it | stance that you regularly receive nd the value (if known) of any non- receive, such as food stamps (benefits Nutrition Assistance Program) or | | 8f. | \$0.00 | | | |
| 8 | g. Pension or retirement i | income | | 8g. | \$0.00 | | | |
| 8 | h. Other monthly income. | Specify: See attached | | 8h. + | \$1,071.88 + | | | |
| | | nes 8a + 8b + 8c + 8d + 8e + 8f +8g | + 8h. | 9. | \$1,182.13 | | | |
| | Calculate monthly income. | . Add line 7 + line 9. Debtor 1 and Debtor 2 or non-filing s | | 10. | \$2,544.57 | - |]= | \$2,544.57 |
| Ir fr | nclude contributions from ar riends or relatives. | ntributions to the expenses that you numarried partner, members of your already included in lines 2-10 or amo | r household | d, your | dependents, your roomi | , | | |
| s | specify: | | | | | | 11. + | \$0.00 |
| | | t column of line 10 to the amount in the transfer of Schedules and Statistical Schedules | | | | • | 12. | \$2,544.57 |
| | | | | | | | | Combined monthly income |
| 13. [| No. | e or decrease within the year after | you file th | is form | ? | | | |
| | Yes. Explain: | | | | | | | |

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| Debtor 1Terrill First Name | Middle Neme | Clay Middle Name Last Name | | Case number (if | | | |
|----------------------------|-------------------|----------------------------|----------|-----------------|---------------|----------|--|
| Part 1: Describe Employme | | Last Nam | ie | known) | | | |
| | Debtor 1 | | | Debtor 2 | | | |
| Employment status | ✓ Employed | | | Employed | | | |
| | Not Employed | d | | Not Employe | ed | | |
| Occupation | easonal Job) | | | | | | |
| Employer's name | City of Chicago D | epartment of Fina | nce | | | | |
| Employer's address | 121 North Lasalle | Street | | | | | |
| | Number Street | Number Street | | | Number Street | | |
| | | | | | | | |
| | Chicago | Illinois | 60602 | | _ | | |
| | City | State | Zip Code | City | State | Zip Code | |
| How long employed there? | 1 year 8 months | | | | | | |

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| Debtor 1 | Terrill | | Clay | Case number (if | | |
|----------|---------------------------------|--------------|-----------|-----------------|-----------------------------------|--|
| | First Name | Middle Name | Last Name | known) | | |
| Part 2: | Give Details About Mo | nthly Income | | | | |
| Officia | l Form 1061. Addition | nal page. | | | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| 8h.Other | monthly income. Specify: | | | | | |
| 1. City | of Chicago Department of Financ | ce | | \$1,071.88 | | |

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| | | DOC | ument Page 30 01 9. | L | | |
|------------------------------------|--|---|---|-------------------------------------|-------------------|--------------|
| Fill in this infor | mation to identify your ca | ase: | | | | |
| Debtor 1 | Terrill | | Clay | | | |
| | First Name | Middle Name | Last Name | Check if this is: | | |
| Debtor 2 | | | | An amended filing | a | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | _ | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | A supplement she expenses as of the | | · |
| Case number | | | (State) | expenses as or tr | le lollowing date | с. |
| (If known) | | | | MM / DD / YYYY | | |
| Official | Form 106J | | | | | |
| Schedul | e J: Your Exp | enses | | | | 12/15 |
| information. If (if known). Ans | | attach another sheet to this | are filing together, both are equal s form. On the top of any addition | | | number |
| 1. Is this a joi | nt case? | | | | | |
| ✓ No. Go | to line 2 | | | | | |
| ☐ Yes. D | oes Debtor 2 live in a se | parate household? | | | | |
| ш, | _ | • | | | | |
| L | No | | | | | |
| | Yes. Debtor 2 must file | Official Forms 106J-2, Expe | enses for Separate Household of Deb | tor 2. | | |
| 2. Do you hav | e dependents? 🕡 No | | | | | |
| Do not list D | = | s. Fill out this information for | Dependent's relationship to | Dependent's | Does depend | dent live |
| Debtor 2. | eac | ch dependent | Debtor 1 or Debtor 2 | age | with you? | |
| | penses include | | | | | |
| expenses o than | f people other 🗸 No | | | | | |
| yourself an | d your Yes | S | | | | |
| dependents | s? | | | | | |
| Part 2: Esti | mate Your Ongoing N | Nonthly Expenses | | | | |
| | of a date after the bankr | | you are using this form as a supp pplemental Schedule J, check the | | | |
| | | ash government assistance on Schedule I: Your Income | | | Yo | our expenses |
| | or home ownership exporthe ground or lot. 4. | enses for your residence. I | nclude first mortgage payments and | | 4. | \$950.00 |
| If not incl | uded in line 4: | | | | | |
| 4a. Real e | state taxes | | | | 4a | \$0.00 |
| 4b. Prope | rty, homeowner's, or rente | er's insurance | | | 4b. | \$0.00 |

4c.

4d.

\$0.00

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Clay
 Case number (if known)

 Last Name
 Last Name

| First Name | Middle Name Last Name | | |
|---|--|------------|---------------|
| | | | Your expenses |
| 5. Additional mortgage payme | ents for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural g | as | 6a. | \$315.00 |
| 6b. Water, sewer, garbage co | ollection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Ir | nternet, satellite, and cable services | 6c. | \$220.00 |
| 6d. Other. Specify: | | 6d | \$0.00 |
| 7. Food and housekeeping su | pplies | 7. | \$375.00 |
| 8. Childcare and children's ed | ducation costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry | cleaning | 9. | \$95.00 |
| 10. Personal care products a | nd services | 10. | \$75.00 |
| 11. Medical and dental expen | nses | 11. | \$64.00 |
| 12. Transportation. Include ga | s, maintenance, bus or train fare. ts | 12. | \$300.00 |
| 13. Entertainment, clubs, rec | reation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions a | and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance de | ducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | | 15a | \$0.00 |
| 15b. Health insurance | | 15b | \$0.00 |
| 15c. Vehicle insurance | | 15c | \$0.00 |
| 15d. Other insurance. Specif | ýy <u>:</u> | 15d | \$0.00 |
| 16. Taxes. Do not include taxes | s deducted from your pay or included in lines 4 or 20. | | |
| Specify: | | 16 | \$0.00 |
| 17. Installment or lease paym | nents: | 10 | |
| 17a. Car payments for Vehic | le 1 | 17a | \$0.00 |
| 17b. Car payments for Vehic | ele 2 | 17b | \$0.00 |
| 17c. Other. Specify: | | 17c | \$0.00 |
| 17d. Other. Specify: | | 17d | \$0.00 |
| | , maintenance, and support that you did not report as deducted from | | \$0.00 |
| , , , | ule I, Your Income (Official Form 106I). | 18. | |
| | to support others who do not live with you. | 40 | |
| Specify: | ses not included in lines 4 or 5 of this form or on Schedule I: Your Incon | 19. | \$0.00 |
| 20a. Mortgages on other pro | | ne. 20a | \$0.00 |
| 20b. Real estate taxes. | | 20b | \$0.00 |
| 20c. Property, homeowner's | s, or renter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, an | | 20d | \$0.00 |
| 20e. Homeowner's associati | | 20e | \$0.00 |
| | | 206 | φυ.υυ |

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| Debtor 1 | | | | Clay | Case number (if known) | | |
|---------------|-----------------|----------------|---|--|------------------------|-----|------------|
| | First Name | | Middle Name | Last Name | | | |
| 21.Other | . Specify: | | | | | 21 | \$0.00 |
| | | | | | | | |
| | • | onthly expens | ses. | | | | \$2,394.00 |
| | Add lines 4 th | Ü | | | | | \$0.00 |
| | | | , · · · · · · · · · · · · · · · · · · · | from Official Form 106J-2 | ! | | \$2,394.00 |
| 22c. <i>F</i> | Add line 22a a | and 22b. The r | esult is your monthly exp | enses. | | 22. | |
| 23.Calcu | late your m | onthly net inc | ome. | | | | |
| 23a. (| Copy line 12 | (your combine | d monthly income) from | Schedule I. | | 23a | \$2,544.57 |
| 23b. (| Copy your m | onthly expense | es from line 22 above. | | | 23b | \$2,394.00 |
| | | | nses from your monthly i | ncome. | | | \$150.57 |
| - | The result is y | your monthly n | net income. | | | 23c | |
| 24 Do vo | ou expect ar | n increase or | decrease in your expen | ses within the year after | you file this form? | | |
| - | • | | | - | | | |
| | | | | oan within the year or do y nodification to the terms o | | | |
| | | | . 400.0400 2004400 0. 4. | | . youongago. | | |
| ✓ N | lo | | | | | | |
| ΠY | 'es | | | | | | |
| | Evol | ain here: | | | | | |
| | LAPI | an nore. | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Fill in this infor | mation to identify your ca | ase: | | |
|---------------------------|----------------------------|-------------|----------------------|--|
| Debtor 1 | Terrill | | Clay | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | |
| Case number (If known) | | | (State) | |

Official Form 106Dec

| ٦ | Check if this is an |
|---|---------------------|
| _ | amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | |
|-----|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to h | nelp you fill out bankruptcy forms? |
| | ✓ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and |
| × | /s/ Terrill Clay | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 8/29/2018 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Fill i | n this in | nformation to | identify your c | ase: | | | | | | | | |
|----------------------|------------------------|--|--|---|--------------------------|----------------------------------|------------------------------------|----------------|----------------|------------|-----------------------------------|------|
| Deb | tor 1 | Terrill | | | | Clay | | | | | | |
| Dah | . 0 | First Na | ame | Middle | Name | Last Nam | е | _ | | | | |
| | tor 2 use, if filin | g) First Na | ame | Middle | Name | Last Nam | е | _ | | | | |
| Unit | ed State | es Bankrupto | y Court for the: | Northern | | District of Illing | is | _ | | | | |
| Case (If kno | e numb | er | | | | (Stat | re) | _ | | | | |
| Of | ficia | al Forn | า 107 | | | | | | | | Check if the amended | |
| | | | | l Affairs f | or Indi | viduals | Filina f | or Bank | ruptcy | | | 04/1 |
| Be a infoi num | s comprmation | plete and a n. If more s known). A | ccurate as po space is neede nswer every q | ssible. If two m d, attach a sep uestion. | arried peo arate shee | ple are filing t to this form | together, bo . On the top | th are equa | lly responsi | | plying correct ur name and cas | |
| Par | H: G | ive Details | S About Your | Marital Status | and Whe | e You Lived | Before | | | | | |
| 1. | What | t is your cur | rent marital sta | itus? | | | | | | | | |
| | | Married Not married | | | | | | | | | | |
| 2. | Durin | ng the last 3 | years, have yo | u lived anywher | e other thai | n where you li | ve now? | | | | | |
| | \ <u>\</u> | No Yes. List all o Debtor 1: | of the places yo | u lived in the las | | o not include v | where you live | | | | Dates Debtor 2 liv | ved |
| | | | | | tilere | | Same | as Debtor 1 | | | Same as Debto | or 1 |
| | , | 0000 0 06 | - Drive | | | | | | | | | |
| | - | 8023 S Shor Number Stre | | | From To | | Number S | treet | | | From To | |
| | - | Chicago City | Illinois State | 60619 Zip Code | | | City | State | Zip C | ode | | |
| | | | | | | | Same | as Debtor 1 | | | Same as Debto | or 1 |
| | - | 7335 S Stew Number Stre | | | From To | | Number S | treet | | | From | |
| | - | Chicago City | Illinois State | 60637 Zip Code | | | City | State | Zip C | odo | | |
| 3. | Within and ten | the last 8 y | r ears, did you e de Arizona, Califo | | siana, Nevad | a, New Mexico | in a commur Puerto Rico, | ity property s | state or terri | tory? (Com | munity property stat | tes |

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| Did you have any income from employm Fill in the total amount of income you receivactivities. If you are filing a joint case and you No Yes. Fill in the details. | ved from all jobs and all bus | inesses, including part-time | | |
|---|--|--|--|--|
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions an exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$21000.00 | Wages, commissions, bonuses, tips Operating a business | |
| For last calendar year: (January 1 to December 31, 2017) YYYY | Wages, commissions, bonuses, tips Operating a business | \$25000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | √ Wages, | \$25000.00 | Wages, | |
| | commissions, bonuses, tips Operating a business | ious calendar years? | commissions, bonuses, tips Operating a business child support; Social Security | , unemployment, and oth |
| (January 1 to December 31, 2016) YYYY Did you receive any other income during include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that | commissions, bonuses, tips Operating a business g this year or the two previous is taxable. Examples come; interest; dividends; myou received together, list it | ious calendar years? of other income are alimony; noney collected from lawsuits only once under Debtor 1. | bonuses, tips Operating a business child support; Social Security; royalties; and gambling and | |
| Old you receive any other income during Include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from | commissions, bonuses, tips Operating a business g this year or the two previous is taxable. Examples come; interest; dividends; myou received together, list it | ious calendar years? of other income are alimony; noney collected from lawsuits only once under Debtor 1. | bonuses, tips Operating a business child support; Social Security; royalties; and gambling and | |
| (January 1 to December 31, 2016) TYYYY Did you receive any other income during include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from | commissions, bonuses, tips Operating a business I this year or the two previous is taxable. Examples come; interest; dividends; myou received together, list it in each source separately. Do | ious calendar years? of other income are alimony; noney collected from lawsuits only once under Debtor 1. | bonuses, tips Operating a business child support; Social Security; royalties; and gambling and listed in line 4. | |
| (January 1 to December 31, 2016) TYYYY Did you receive any other income during include income regardless of whether that incould be provided income regardless of whether that incould be provided income that income a joint case and you have income that income and the gross income from the income and the gross income and the gross income from the income and the gross | commissions, bonuses, tips Operating a business I this year or the two previous is taxable. Examples come; interest; dividends; myou received together, list it in each source separately. Do | ious calendar years? of other income are alimony; noney collected from lawsuits only once under Debtor 1. onot include income that you Gross income from each source (before deductions | bonuses, tips Operating a business child support; Social Security; royalties; and gambling and listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions |
| Did you receive any other income during include income regardless of whether that is public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from No Yes. Fill in the details. | commissions, bonuses, tips Operating a business g this year or the two prevenceme is taxable. Examples come; interest; dividends; myou received together, list it in each source separately. Do Debtor 1 Sources of income Describe below. Est. YTD Unemployment | ious calendar years? of other income are alimony; noney collected from lawsuits only once under Debtor 1. onot include income that you Gross income from each source (before deductions and exclusions) | bonuses, tips Operating a business child support; Social Security; royalties; and gambling and listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions |

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Clay Debtor 1 Terrill Case number (if known) First Name Middle Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| tor 1 Terrill | | Cla | y | Case number | (if known) |
|--|---|--|--|---|-------------------------|
| First Name | Middle Name | Last | Name | | |
| | ves; any general partners are an officer, director, p business you operate as | ; relatives of any goerson in control, | jeneral partners; part or owner of 20% or | nerships of which y more of their voting | |
| Yes. List all payment | s to an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | e Zip Code | | | | |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | e Zip Code | | | | |
| insider? Include payments on debts No | | d by an insider. | Total amount paid | Amount you still owe | Reason for this payment |
| | | | | | Include creditor's name |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | e Zip Code | | | | |
| Insider's Name | | | | | |
| Number Street | | | | | |
| | | | | | |
| City State | e Zip Code | | | | |

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Debtor 1 Terrill Clay Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Joint Action Pending Circuit Court of Cook County, Illinois Court Name On appeal 5600 Old Orchard Road Case number NumberStreet Concluded 2017-M1-711128 Illinois 60077 Skokie City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Wage garnishment for child support 11/2017 \$0 Illinois Department of Healthcare & Family Service Creditor's Name Explain what happened 100 S. Grand Ave E Number Street Property was repossessed. Property was foreclosed. Illinois Springfield 62762 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1 | Terrill | Clay | Case number (if known) | |
|------|----------|--|-------------------------------|---|------------------------|
| | | First Name Middle Name | Last Name | | |
| 11. | | thin 90 days before you filed for bankruptcy, c counts or refuse to make a payment because | | a bank or financial institution, set off any ar | nounts from your |
| | ✓ | No Yes. Fill in the details. | | | |
| | _ | | Describe the action t | the creditor took Date actio was taken | |
| | | Creditor's Name | | | - |
| | | Number Street | <u> </u> | | |
| | | | Last 4 digits of accoun | nt number: XXXX- | |
| | | City State Zip Code | _ | | |
| | | hin 1 year before you filed for bankruptcy, wa ointed receiver, a custodian, or another offic | | e possession of an assignee for the benefit | of creditors, a court- |
| | ✓ | No | | | |
| | ╙ | Yes | | | |
| Part | 0: | List Certain Gifts and Contributions | | | |
| 13. | Wi | thin 2 years before you filed for bankruptcy, o | did you give any gifts with a | total value of more than \$600 per person? | |
| | ✓ | No Yes. Fill in the details for each gift. | | | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | | | | |
| | | Person to Whom You Gave the Gift | <u> </u> | | |
| | | Number Street | _ | | |
| | | City State Zip Code | _ | | |
| | | Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | <u> </u> | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |

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| | Terrill | | Clay | Case number (if known |) | |
|----------|--|---------------------------|---|-----------------------------|-----------------------------------|---------------------------|
| | First Name | Middle Name | Last Name | | | |
| Wit | | 16 | | | | |
| Wit | thin 2 years before you filed | d for bankruptcy, did | d you give any gifts or contribut | ions with a total value of | f more than \$600 | to any charity? |
| V | No | | | | | |
| H | Yes. Fill in the details for e | each gift or contribut | tion | | | |
| ш | • | | | | | |
| | Gifts or contributions to | | Describe what you contrib | outed | Date you | Value |
| | that total more than \$600 | 0 | | | contributed | |
| | | | | | | |
| | Charity's Name | | _ | | | |
| | | | _ | | | |
| | | | | | | |
| | Number Street | | _ | | | |
| | | | | | | |
| | City State | Zip Code | _ | | | |
| | • | | | | | |
| 6: | List Certain Losses | | | | | |
| \A/:± | bbin d b ofour file d | fa., b.a., l | : | d laas austlikas laas | | |
| | | for bankruptcy or si | ince you filed for bankruptcy, di | d you lose anything beca | iuse of theft, fire, | other disaster, or |
| yar | mbling? | | | | | |
| V | No | | | | | |
| П | Yes. Fill in the details. | | | | | |
| ш | | | Describe and income | for the lase | Data of | Value of susanants |
| | Describe the property you how the loss occurred | u iost and | Describe any insurance of Include the amount that ins | | Date of your loss | Value of property lost |
| | now the loss occurred | | pending insurance claims of | | 1033 | 1031 |
| | | | A/B: Property. | | | |
| | | | | | | |
| | | | | | | |
| 7. | List Certain Payments | or Transfers | | | | |
| 1110 | out seeking bankruptcy or plude any attorneys, bankrupto | | | | | anyone you consuit |
| | | | ptcy petition? | | | anyone you consult |
| | lude any attorneys, bankrupto No | | otcy petition? or credit counseling agencies for s | ervices required in your ba | nkruptcy. | |
| | lude any attorneys, bankrupto No | | ptcy petition? | ervices required in your ba | | Amount of payment |
| | lude any attorneys, bankrupto No | | or credit counseling agencies for s Description and value of a | ervices required in your ba | nkruptcy. Date payment | Amount of |
| | lude any attorneys, bankrupto No | | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer | Amount of |
| | lude any attorneys, bankrupto No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | | or credit counseling agencies for s Description and value of a | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | lude any attorneys, bankrupto No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street | cy petition preparers, o | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois | cy petition preparers, of | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street | cy petition preparers, o | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois | cy petition preparers, of | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr Person Who Was Paid Number Street | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr Person Who Was Paid Number Street | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payr Person Who Was Paid Number Street | 60643 Zip Code | or credit counseling agencies for s Description and value of a transferred | ervices required in your ba | Date payment or transfer was made | Amount of payment |

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| Debt | or 1 | Terrill | | Clay | Case number | (if known) | |
|------|--------------|--|-----------------------|--------------------------------------|------------------------|--|----------------------------------|
| | | First Name | Middle Name | Last Name | | <u>-</u> | |
| | help | nin 1 year before you filed fo you deal with your credito not include any payment or tra | ors or to make paym | | our behalf pay or t | ransfer any property to a | nyone who promised to |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | | Description and value of transferred | any property | Date payment or transfer was made | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | Inclu and | transfers that you have alread | d transfers made as s | ecurity (such as the granting of | a security interest or | mortgage on your property | y). Do not include gifts |
| | Ш | Yes. Fill in the details. | | | | | |
| | | | | Description and value of transferred | paym | ribe any property or tents received or debts pa change | Date aid transfer was made |
| | | Person Who Received Trans | fer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person Who Received Trans | fer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | ben | nin 10 years before you filed eficiary? ese are often called asset-prote | | d you transfer any property to | a self-settled trus | t or similar device of whic | ch you are a |
| | _ | No | , | | | | |
| | Ш | Yes. Fill in the details. | | Description and value o | f the property trans | sferred | Date transfer was made |
| | | Name of trust | | | | | |

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Debtor 1 Terrill Clay Case number (if known)

Part 3: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| Part | 8: | List Certain Fir | nancial Ac | counts, Instru | ments, Safe Deposit Boxes, | and Stor | age Units | | |
|------|---|--|----------------|-------------------|--|-------------|---------------------------|--|--|
| 20. | . Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| | | No Yes. Fill in the de | etails. | | | | | | |
| | | | | | Last 4 digits of account number | Type o | f account or nent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was | Paid | | _ XXXX- | 므 | necking | | |
| | | Number Street | | | - | Mo | oney market okerage | | |
| | | City | State | Zip Code | _ | Ot | her | | |
| | - | Person Who Was | Paid | | _ XXXX- | 므 | necking | | |
| | | Number Street | | | _ | Mo | oney market | | |
| | | | | | | | okerage her | | |
| 21. | | you now have, or er valuables? No Yes. Fill in the de | - | ve within 1 year | before you filed for bankruptcy, Who else had access to it? | any safe d | Describe the conter | | Do you still have it? |
| | | Name of Financia | al Institution | | Name | | | | No |
| | | Number Street | | | Number Street | | | | Yes |
| | | - | | | City State Zip | Code | | | |
| | | City | State | Zip Code | | | | | |
| 22. | | e you stored prop No Yes. Fill in the de | | torage unit or pl | ace other than your home withi | า 1 year be | efore you filed for bankı | ruptcy? | |
| | _ | | | | Who else had access to it? | | Describe the conter | nts | Do you still have it? |
| | | Name of Storage | Facility | | Name | | | | No |
| | | Number Street | | | Number Street | | | | Yes |
| | | City | State | Zip Code | City State Zi | Code | | | |
| | | | | | | | | | |

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Document Debtor 1 Terrill Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet**

City

State

Zip Code

State

Zip Code

City

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| Deb | tor 1 | | | | | lay | Ca | se number (i | f known) | |
|------|----------|----------------------------|-----------------|---------------------|--------------|-----------------|--------------------|----------------|---|--------------------|
| | | First Name | | Middle Name | La | ast Name | | | | |
| 26. | Hav | e you been a part | y in any judici | al or administra | ative proce | eding under | any environme | ntal law? In | nclude settlements and ord | lers. |
| | | No Yes. Fill in the det | ails. | | | | | | | |
| | | | | • | Court or ag | jency | | Nature | of the case | Status of the case |
| | | Case title | | | Court Name |) | | | | Pending |
| | | Case number | | i | NumberStre | eet | | | | On appeal |
| | | | | i | City | State | Zip Code | | | Concluded |
| Pari | t 11: | Give Details Ab | oout Your B | usiness or Co | nnection | s to Any Bu | siness | | | |
| 27. | Witl | nin 4 years before | you filed for b | ankruptcy, did | you own a | business or | have any of the | following o | connections to any busines | s? |
| | | | | | | | r activity, either | full-time or p | part-time | |
| | | A member of A partner in a | | lity company (L | LC) or limit | ed liability pa | artnership (LLP) | | | |
| | | | | aging executiv | e of a corp | oration | | | | |
| | | An owner of | at least 5% of | the voting or e | quity secur | ities of a corp | poration | | | |
| | ✓ | No. None of the a | | | | | | | | |
| | | Yes. Check all that | at apply abov | e and fill in the o | | | | | Employer Identification | number De net |
| | | | | | Desc | ribe the nati | ure of the busin | ess | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | | EIN: | |
| | | Number Street | | | _ Name | e of account | ant or bookkee | per | Dates business existed | |
| | | City | State | Zip Code | _ | | | | From To | |
| | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ure of the busin | ess | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | | EIN: | |
| | | Number Street | | | - | | | | Dates business existed | |
| | | City | State | Zip Code | Name — | e of account | ant or bookkee | per | From To | |
| | | , | | _,, | | | | | 10111 10 | |
| | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ure of the busin | ess | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | | EIN: | |
| | | Number Street | | | - Name | e of account | ant or bookkee | per | Dates business existed | |
| | | City | State | Zip Code | _ | | | | From To | |
| | | | | | | | | | | |

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| Debte | or 1 Terrill | | | Clay | Case number (if known) |
|-------|--------------|---|----------------------|--------------------------------|---|
| | First Nan | е | Middle Name | Last Name | |
| | creditors, | ars before you filed for other parties. Il in the details below. | r bankruptcy, did yo | u give a financial statemen | t to anyone about your business? Include all financial institutions, |
| | | | | Date issued | |
| | | | | Date Issueu | |
| | Name | | | MM/DD/YYYY | |
| | Numb | er Street | | | |
| | City | State | Zip Code | | |
| | — City | State | Zip Code | | |
| Part | 12: Sign | Below | | | |
| | | | | or imprisonment for up to 20 | y, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Signature of Debto | r 1 | | Signature of Debtor 2 |
| | | Date 8/29/2018 | | | Date |
| | No Yes | | | Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)? |
| Ī | Yes. Nar | ne of person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern Dis | strict of Illinois | | |
|-------|--|-----------------------------|------------------------------------|------------------------|-------------------|
| In re | Terrill Clay | | Case No. | · | |
| _ | Debtor | - | | (If kn | own) |
| | | | Chapter | Chapt | ter 13 |
| | DISCLOSURE OF | COMPENSATI | ON OF ATTORNE | Y FOR DEE | BTOR |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and I compensation paid to me within one rendered or to be rendered on behalf | year before the filing of t | he petition in bankruptcy, or ac | greed to be paid to m | e, for services |
| | For legal services, I have agreed to a | ccept | | | \$4,000.00 |
| | Prior to the filing of this statement I | nave received | | | \$0.00 |
| | Balance Due | | | | \$4,000.00 |
| 2 | . The source of the compensation paid | d to me was: | | | |
| | ✓ Debtor | Other (spec | ify) | | |
| 3 | . The source of the compensation paid | d to me is: | | | |
| | ✓ Debtor | Other (spec | ify) | | |
| 4 | . I have not agreed to share the abmembers and associates of my l | | ation with any other person unl | ess they are | |
| | I have agreed to share the above members or associates of my law the people sharing in the compe | v firm. A copy of the agre | | | |
| 5 | . In return for the above-disclosed fee | , I have agreed to render I | egal service for all aspects of th | ne bankruptcy case, i | ncluding: |
| | a. Analysis of the debtor's finar bankruptcy; | icial situation, and render | ing advice to the debtor in dete | ermining whether to f | ile a petition in |
| | b. Preparation and filing of any | petition, schedules, state | ments of affairs and plan which | n may be required; | |
| | c. Representation of the debtor | at the meeting of credito | rs and confirmation hearing, an | nd any adjourned hea | rings thereof; |
| | d. Representation of the debtor | in adversary proceedings | and other contested bankrupt | cy matters; | |
| 6 | . By agreement with the debtor(s), the | above-disclosed fee doe | s not include the following serv | vices: | |
| | | | | | |
| | | CERTII | FICATION | | |
| | I certify that the foregoing is a comple tor(s) in this bankruptcy proceedings. | te statement of any agree | ment or arrangement for payme | ent to me for represei | ntation of the |
| | 8/29/2018 | | /s/ Morsheda Hashei | m | |
| | Date | | Signature of Attorney | 1 | |
| | | | Semrad Law Firm | | |
| | | | Name of law firm | | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$43.23 for expenses, leaving a balance due of \$4,353.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 8/29/2018 | |
|-----------|-----------|------------------------|
| Signed: | | |
| /s/ Terri | Il Clay | |
| | | /s/ Morsheda Hashem |
| Debtor(s | s) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-24450 Doc 1 Filed 08/29/18 Entered 08/29/18 17:33:01 Desc Main Document Page 64 of 91

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Clay, Terrill | Case No | |
|-----------------|---|--|--------------------------------------|
| | Debtor(s) | | |
| | | Chapter. | Chapter13 |
| | VERIFICA | TION OF CREDITOR MAT | ΓRIX |
| Tr knowledge | ne above named Debtors hereby verify the. | nat the attached list of creditors is tr | rue and correct to the best of their |
| Date: | 8/29/2018 | /s/ Clay, Terrill Clay, Terrill Signature of Del | htar. |

ONEMAIN PO BOX 499 HANOVER, MD, 21076

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

HARVARD COLLECTION SER 4839 ELSTON AVE CHICAGO, IL, 60630

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

USAA SAVINGS BANK PO BOX 47504 SAN ANTONIO, TX, 78265

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

SYNCB/PAYPAL EXTRAS MC PO BOX 981416 EL PASO, TX, 79998

DISCOVER FIN SVCS LLC PO Box 3025 New Albany, OH, 43054

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654 IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

ComEd 1919 Swift Drive Oak Brook, IL, 60523

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

Illinois Department of Healthcare & Family Service 100 S. Grand Ave E Springfield, IL, 62762

Kendra Wilson c/o IL Dept of Healthcare and Family Services PO Box 19405 Springfield, IL, 62794

IRS Irs Mail Stop 4100 P-3 Kansas City, MO, 64999

IDOR-Bankruptcy Section Po Box 851388 Minneapolis, MN, 55485

Comcast p.o. box 196 Newark, NJ, 07101

WoW Cable Co 118 East Wing Street Arlington Heights, IL, 60004

MARKETPLACE HOUSING c/o KAHN SANFORD LLP 180 N LASALLE#2025 Chicago, IL, 60601

CLIFFORD WINSLOW/DUKES CHRISTINA c/o SILVESTRI LAURIE A 70 W MADISON 1400 Chicago, IL, 60602 B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| Disclosure of compensation paid to me was: Debtor | In re | Terrill Clay | | Case No. | | | | | |
|---|-----------|---|--|-------------------------------------|------------------------------|--|--|--|--|
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2018(b), I certify that I am the attorney for the aboveramed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$4,000.00 Prior to the filling of this statement I have received \$3.00 Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | - | Debtor | | CO2 | (If known) | | | | |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$4,000.00 Prior to the filing of this statement I have received \$3,000.00 Balance Due \$4,000.00 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. They agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | | | Chapter | Chapter 13 | | | | |
| compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$4,000.00 Prior to the filling of this statement I have received \$3,000.00 Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: | | DISCLOSURE OF | COMPENSATION | OF ATTORNEY F | OR DEBTOR | | | | |
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| 2. The source of the compensation paid to me was: Debtor | | For legal services, I have agreed to | accept | | \$4,000.00 | | | | |
| 2. The source of the compensation paid to me was: Debtor | | Prior to the filing of this statement | I have received | | \$0.00 | | | | |
| 3. The source of the compensation paid to me is: □ Debtor □ Other (specify) 4. □ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. □ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | Balance Due | | | \$4,000.00 | | | | |
| 3. The source of the compensation paid to me is: Debtor | 2. | The source of the compensation p | aid to me was: | | | | | | |
| 4. ✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | Debtor | Other (specify) | | | | | | |
| 4. | 3, | The source of the compensation p | aid to me is: | | | | | | |
| I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | ✓ Debtor | Other (specify) | | | | | | |
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| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in | | | | | | | |
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| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | c. Representation of the debt | or at the meeting of creditors and | d confirmation hearing, and any a | adjourned hearings thereof; | | | | |
| CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | d. Representation of the debt | or in adversary proceedings and | other contested bankruptcy matt | ers; | | | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | 6. | By agreement with the debtor(s), the | ne above-disclosed fee does not | include the following services: | | | | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | | | | | | | | |
| debtor(s) in this bankruptcy proceedings. | | | CERTIFICA | пом | | | | | |
| 8/20/2018 | l debt | certify that the foregoing is a comp or(s) in this bankruptcy proceedings | lete statement of any agreement s. | or arrangement for payment to m | ne for representation of the | | | | |
| /s/ Morsheda Mashem | | 8/29/2018 | | /s/ Morsheda Hashem | | | | | |
| Date Signature of Attorney | - | Date | | | | | | | |
| Semrad Law Firm | | | | Semrad Law Firm | | | | | |
| Name of law firm | | | | Name of law firm | | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place
 of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to \$ 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$43.23 for expenses, leaving a balance due of \$4,353.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 8/20/2018 | |
|------------------|-----------|-----------------------------------|
| Signed | | |
| /s/ Terrill Clay | | and bloth |
| Jemis Gay | | /s/ Morsheda Hashem off (anshire) |
| Debtor(| (s) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

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THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Terrill Clay,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the

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THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. Your Chapter 13 plan payment will be \$150.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$0.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 6% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$141.00/mo.
- 3. General Unsecured Creditors will be paid 10% pro-rata after all other creditors.
- Illinois Department of Healthcare and Family Services will be paid \$211.30 pro rata after secured claims and Firm's Fees are paid.
- You are surrendering the 2001 Pontiac Park Ave to One Main in full satisfaction of its secured claim.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

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THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorneys

Date: 08/29/2018

Accepted:

Terrill Clay

Date: 08/29/2018

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| | In re: |) | 14 G A 44 A 14 A 14 A 14 A 14 A 14 A 14 | |
|--------------------------|--|-------------------|---|--|
| | SS #XXX-XX- |) | | |
| | (Debtor) | ,) | Judge _ | - |
| | ORDER TO EMP | OVER TO BUT | | E E E E E E E E E E E E E E E E E E E |
| | ORDER TO EMPI | OIER TO PAY | TO THE T | RUSTEE |
| TO: | <u> </u> | | | |
| Attn: | MAIN PAYROLL | | | |
| ¥ | | 2.6 | | 2 6 |
| | | | | |
| Court | REAS, the above named debtor gs, and by his plan submits all of for the purpose of carrying out the | e plan: | ngs to the st | pervision and control of this |
| | IT IS THEREFORE ORDERED, | employer of | | |
| deduct | from the earnings of the debtor. | the sum of \$ | onal | |
| Deale | dons shall begin on the next pay | day following the | e receipt of | this order and to pay the com |
| The second second second | | , Truste | e, at least o | nce a month at the following |
| address | S: | | | |
| | | , Chap | ter 13 Truste | e . |
| | 3 1 | | | 3.8 |
| | Mem | | | |
| IT IS F | URTHER ORDERED, that the e | mployer shall st | op or chang | e the deduction upon written |
| | | | | |
| debtor i | URTHER ORDERED, that the exist terminated and the reason for support of the second sec | mployer shall no | tify the Tru | stee if the employment of the |
| IT IS F | URTHER ORDERED that all | earnings of the | daleten | transier auf outsteren von der verster ⊌erstellen in |
| | | | | |
| | The man the deduction | other than auth | orized or di | rected by this order bemade |
| by the e | employer. | | |) min order comfacte |
| Entered | | | | |
| | | IInit | ed States De | nalementary Trade |
| | | Oint | ou blates Da | ankruptcy Judge |
| agree t | to the entry of this order without | | | |
| | | rurdier notice or | nearing. | 0.0 |
| Date: | AUG 2 0 2018 | O2 | ml | Clar |
| | | | Debtor o | r Attorney |
| | | | 250 BB 250 BB 30 BB | |

CHILD SUPPORT DISCLAIMER

I understand I am attempting to file a Chapter 13 Plan of Reorganization that pays my current child support arrears at a ten percent (10%) dividend. I further understand that the Chapter 13 Trustee and/or the Judge assigned to my case has the power to object to such treatment, requiring that I pay said debt in full (100%).

Signed: Olmil Olan

Dated: AUG 2 0 2018

CHILD SUPPORT ARREARS BALANCE DISCLAIMER

I understand that all past due child support is required to be paid back inside my Chapter 13. As of March 1, 2016, the Illinois Department of Family Services has changed it's policy where they will no longer be filing claims in Chapter 13 cases. I understand I will be not attempting to provide a Chapter 13 payment that will pay back all past due child support in my plan, but that this could still be objected to by the Illinois Department of Family Services, the Chapter 13 Trustee, or the custodial parent. In the event an objection is filed, this would cause my monthly trustee payment to increase to pay then tire child support arrears claim, or in the alternative my case could be dismissed or converted to a Chapter 7 if I am eligible. I also acknowledge that my driver's license is not currently suspended because of child support. In the case my license is suspended because of child support, I would need to make sum my Chapter 13 plan does provide for full repayment of all past due child support by having by attomy file a claim for the arrears.

Name

AUG 2 0 2018

Date

DISCLAIMER REGARDING STRATUS INTELLIGENCE

Please be advised that some of the partners of this firm have a financial interest in the company, Strafus Intelligence, LLC, that developed and provides to this firm (as well as other firms) the computer software used process its clients' matters. You will not be charged any extra fees or costs as a result of the firm's use of this software as compared to other software. However, as a result of his financial interest in the software company, the interested partners will receive a financial benefit in the range of \$10-15 from the use of this software to process your matter should you determine to retain the firm for your case. The firm does not utilize any other software to process its clients' matters. The firm's use of the software does not impact on the obligations of firm attorneys to exercise independent professional judgment on your behalf represent you with respect to your matter. You are; of course, free to select any counsel of your choice to

| rriave read and understand the above | disclaimer. | | | | |
|--------------------------------------|-------------|--------------|-------|--------------|--|
| Debtor May | - | AUG 2 0 2003 | AUG 2 | 2 0 2018 | |
| | Date | | 1 | 15 (2019 tot | |
| Debtor | | | | £ | |
| | Date | | - | | |

DISCLOSURE OF AFTER ACQUIRED PROPERTY

I understand and agree that it is my responsibility to disclose any after-acquired property, including, but not limited to, a personal injury lawsuit or inheritance. I further understand if I file a Chapter 13 bankruptcy that the after-acquired property may alter the terms of my confirmed Chapter 13 Plan.

| Olevil Clay Client | Dated: | AUG | 20 | 2018 |
|--------------------|---------|-----|----|------|
| | | | | h |
| Cient | Dated:_ | | | |

BANKRUPTCY OVERVIEW VIDEO DISCLAIMER

I have reviewed the Bankruptcy Overview Video and feel I understand all of the information that was covered in the video. I have asked any questions that I might have had regarding the information covered in the video. I also understand that the video is available online for future reference at http://www.debtstoppers.com/bankruptcy/chapter-13/.

| Client Clay | Dated: AUG 2 0, 2018 |
|-------------|----------------------|
| | Dated: |
| Client | Dalea: |

CHAPTER 13 DISCLAIMERS

| 1. | I understand that if I owe attorneys fees, those fees will be paid through the Chapte 13 plan and, to the extent allowed by the Bankruptcy Court, The Semrad Law Firm will likely be paid before any of my creditors are paid. |
|----|--|
| | T.C. |
| 2. | I understand that The Semrad Law Firm has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm to list in my bankruptcy, and that failure to list a debt could be grounds for said debt(s) being not discharged in my case. |
| 3. | I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm all my debts, sources of income, assets, personal property, real estate, transfers of real estate over the past 4 years, and expenses. |
| 4. | I agree that I will attend my creditors meeting at the time, date and location that will be given to me by The Semrad Law Firm, and also mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting can be grounds for the meeting to not be held. |
| | T.C. |
| 5. | I understand that The Semrad Law Firm will be paid first before all creditors unless otherwise agreed or ordered by the court. |
| | T.C. |
| 6. | I understand that my first trustee payment is due 30 days after the filing of my bankruptcy case, and every 30 days thereafter. I agree to make my liustee payment every 30 days, and that failure to make my trustee payments is grounds to have my case dismissed. |
| | T.C. |
| 7. | I acknowledge that I have authorized The Semrad Law Firm to submit a payroll control order on my behalf (if applicable) to have my payment deducted from my payroll check each pay period. |

6.

7.

umatter number

| 8. | I understand that if a payroll control order is being submitted, that it is unknown when the trustee payments will be deducted out of my paycheck (usually takes one to two months). I also agree to make my Trustee payment directly myself to the Trustee until I see the deductions come out of my paycheck. |
|-----|---|
| 9. | I understand and agree that it is ultimately my responsibility to make my trustee payments each month and monitor my paycheck each pay period to ensure that not only that the deduction is coming out of my paycheck, but also that it is the correct amount. I agree that if for some reason the trustee payment stops coming out of my paycheck, or I leave my job that it is my responsibility to make my trustee payments directly to the Trustee. |
| | T.C. |
| 10. | I understand that when making a trustee payment directly to the Trustee, it can only be made by money order or certified check, and that a personal check or cash cannot be sent to the Trustee. |
| | T.C. |
| 11. | I agree that I am contributing all the disposable income I have available toward my Chapter 13 plan, and that if my plan is paying my unsecured creditors less than 100%, that the Bankruptcy Trustee can ask that my future tax refunds be tendered to my case while I am in my bankruptcy case. |
| | T.C. |
| 12. | I understand that if I want to incur credit such as to finance a car or real estate that I need court permission, and agree that I must contact my attorney to obtain such permission. |
| | T.C. |
| 13. | I understand that I must have filed my federal and state tax returns for the past 4 years if I was legally required to, and failure to have done so is grounds to have my |

I understand that if I am legally required by court order to pay domestic support obligations (child support, alimony), that falling in default is grounds to have my case dismissed and/or not receive a discharge in my case.

14.

| 15. | Understand that my Chapter 13 plan will run between 36 and 60 months depending on the amount of debt I have, and what the bankruptcy court requires my plan to run. |
|------|--|
| 16. | I understand and agree to complete my 2nd credit counseling exit course before my case ends, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this requirement before my case ends is grounds to not receive my discharge. |
| 50 (| T.C. |
| 17. | If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide my payroll department with proof of my bankruptcy to stop said wage garnishment. It also my responsibility to contact the gamishing creditor and provide them with proof of my filing. |
| | |
| 18. | If a garnishment or voluntary deduction is coming out of my bank account, lagree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account. T.C. |
| 19. | I understand that my monthly Trustee payment is not finalized and may increase or decrease due to a difference in my income, expenses, and/or my debt amounts. |
| 20. | I agree that I authorized The Semrad Law Firm to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules. |
| 21. | I understand that the entire firm of The Semrad Law Firm represents me, and that while a different attorney might have counseled me and prepared my case, that once my case is filed, one of the attorneys at The Semrad Law Firm will be assigned as my attorney for the remainder of my case. |

| I understand that if I have had (1) bankruptcy dismissed in the last 12 months, that it only have the benefit of the automatic stay for 30 days, until a motion is granted by the judge extending the automatic stay protection for the remainder of the case. That if the Judge denies my motion to extend the automatic stay that it is possible that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and agraishing my reals. |
|---|
| repossessing any vehicles, and garnishing my monies. |

23. I understand that if I have had (2) or more bankruptcies dismissed in the last 12 months, that I do not have the benefit of the automatic stay upon the filing of the case, until a motion is granted by the judge imposing the automatic stay protection for the remainder of the case. Until the Judge grants such motion none of my property including my real property, cars or monies are not protected. That if the Judge denies my motion to impose the automatic stay that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies.

24. I understand that if I owe any taxing authority such as the IRS or State of Illinois any income tax debt, that even though I am required to put this debt into my Chapter 13 plan, that tax authorities still have the legal right to offset my next tax refund by the amount(s) they are owed.

matter number

DISCLAIMER FOR INDIVIDUALS WHO OWE INCOME TAX

| 3 5 | any other federal, state, or local tax authority may not be discharged in my bankruptcy, meaning that I may still owe taxes after the completion of my bankruptcy. |
|------------|--|
| 2. | I understand that I will not be discharged of any taxes for which a tax return has been due for less than 3 years. |
| | . T.C |
| 3. | I understand that I will not be discharged of any taxes for which a return has been filed for less than 2 years. |
| | T.C. |
| 4. | I understand that if I am paying my tax debt in full through a Chapter 13 plan, interest and penalties may still accrue that are not being a Chapter 13 plan, |
| ă | interest and penalties may still accrue that are not being paid through the plan and plan, I may owe these amounts directly to the IRS after completion of my Chapter 13 plan. |
| 5. | I understand that if I owe taxes to the Internal Revenue Service (IRS), State of Illnois or any other federal, state, or local tax authority, said tax authority has the right to offset my next tax refund by the amount owed, regardless of whether it is being paid or discharged in my bankruptcy. |
| | To C. |
| 6. | I understand that taxes owed to the Internal Revenue Service (IRS), State of Illinois or any other federal, state, or local tax authority will not be discharged in my bankruptcy if they were assessed within the last 240 days. |
| | TC. |
| | |
| | |

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| Debtor 1 Terrill First Name | Middle Name | Clay Ca | se number (ifknown) | |
|---|--|--|---|---|
| Part 6: Answer These Qu | estions for Reporting Purposes | | | |
| 16. What kind of debts do you have? | No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | I primarily for a personal, far business debts? Busines nvestment or through the | amily, or household purpo es debts are debts that you operation of the business | se." incurred to obtain or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ No. | | any exempt property is exc ibute to unsecured creditors | luded and administrative |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 50,0 | 001-50,000 001-100,000 e than 100,000 |
| 19. How much do you estimate your assets to be worth? | | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$ \$100,000,001-\$ | 50 million | 0,000,001-\$1 billion 000,000,001-\$10 billion ,000,000,001-\$50 billion e than \$50 billion |
| 20. How much do you estimate your liabilities to be? | | \$1,000,001-\$10 \$10,000,001-\$1 \$50,000,001-\$1 \$100,000,001-\$1 | 50 million | 0,000,001-\$1 billion 000,000,001-\$10 billion ,000,000,001-\$50 billion re than \$50 billion |
| For you | I have examined this petition, a correct. If I have chosen to file under C of title 11, United States Code under Chapter 7. If no attorney represents me arout this document, I have obta I request relief in accordance w I understand making a false staconnection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, /s/ Terrill Clay Signature of Debtor | hapter 7, I am aware that I in a line of the relief available of I did not pay or agree to ined and read the notice rewith the chapter of title 11, I atement, concealing proper case can result in fines up 1519, and 357.1 | may proceed, if eligible, un allable under each chapter pay someone who is not a quired by 11 U.S.C. § 342 United States Code, speci ty, or obtaining money or | nder Chapter 7, 11,12, or 13, and I choose to proceed an attorney to help me fill P(b). Ified in this petition, property by fraud in |
| | Executed on 8/29/2018 MM / D | 0/1 | Executed on | A / DD / YYYY |

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| Debtor 1 | Terrill | | Clay | |
|---|--|--|---|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: Nort | hem | District of Illinois | |
| Case number (If known) | 3 | | (State) | |
| Official | Form 106Dec | | | Check if this is a amended filling |
| | | | | |
| Declarat | ion About an Ind | ividual Debt | or's Schedules | 12/1 |
| Mediae Workerskoos | 3 280 20 40 4 | | or's Schedules | 12/1 |
| f two married You must file t money or prop | people are filing together, bo his form whenever you file ba | th are equally respon | | ment, concealing property, or obtaining |
| f two married You must file t money or prop | people are filing together, bo his form whenever you file ba erty by fraud in connection w 1341, 1519, and 3571. | th are equally respon | sible for supplying correct information. r amended schedules. Making a false state | ment, concealing property, or obtaining |
| f two married You must file t money or prop J.S.C. §§ 152, Part 1: Sign | people are filing together, bo his form whenever you file ba erty by fraud in connection w 1341, 1519, and 3571. I Below | th are equally respon nkruptcy schedules c ith a bankruptcy case | sible for supplying correct information. r amended schedules. Making a false state | ment, concealing property, or obtaining |
| f two married You must file t money or prop J.S.C. §§ 152, Part 1: Sign | people are filing together, bo his form whenever you file ba erty by fraud in connection w 1341, 1519, and 3571. I Below | th are equally respon nkruptcy schedules c ith a bankruptcy case | sible for supplying correct information. r amended schedules. Making a false state can result in fines up to \$250,000, or impr | ment, concealing property, or obtaining |
| f two married You must file t money or prop U.S.C. §§ 152, Part 1: Sign Did you p | people are filing together, bo his form whenever you file ba erty by fraud in connection w 1341, 1519, and 3571. I Below | th are equally respon nkruptcy schedules c ith a bankruptcy case | sible for supplying correct information. r amended schedules. Making a false state can result in fines up to \$250,000, or impr | ment, concealing property, or obtaining sonment for up to 20 years, or both. 18 |

Signature of Debtor 2

MM/DD/YYYY

/s/ Terrill Clay
Signature of Debtor 1

Date 8/29/2018 MM/DD/YYYY

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| Debtor 1 Terrill First Name | Middle Name | Clay Last Name | Case number (itknown) |
|--|--------------------------------|------------------------------|---|
| 28. Within 2 years before your creditors, or other par | ties. | you give a financial state | ment to anyone about your business? Include all financial institution |
| L ros. riii iii de de de | allo Delow. | Date issued | |
| 2800 | | | |
| Name | | MM/DD/YYYY | _ |
| Number Street | | | |
| City | State Zip Code | | |
| 46% | | | |
| art 12: Sign Below | | | |
| a bankruptcy case can r | esult in fines up to \$250,000 | o, or imprisonment for up | perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| oignata | ie di Debidi i | | Date |
| Date 8, | 29/2018 | | Date |
| Did you attach additions | I pages to Your Statement o | of Financial Affairs for Ind | viduals Filing for Bankruptcy (Official Form 107)? |
| ☑ No ☐ Yes | | | |
| Did you pay or agree to | | | A A CORON DATO AND |
| 1000 CCC | pay someone who is not an a | attorney to nelp you fill of | tt bankruptcy forms? |
| ☑ No | | | |
| Yes, Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Clay, Terrill | Case No. | |
|-----------------|--|--------------------------------------|---------------------------------------|
| | Debtor(s) | | |
| | | Chapter. | Chapter13 |
| | VERIFICA | TION OF CREDITOR MA | TRIX |
| Tì knowledge | he above named Debtors hereby verify the e. | at the attached list of creditors is | true and correct to the best of their |
| Date: | 8/29/2018 | /s/ Clay, Terrill | Serul Clay |
| Ž. | | Clay, Terrill Signature of D | ebtor |

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| Deb | tor 1 Terrill First Name | | Clay | Case number (Irknown) | | | |
|------|--|--|------------------------------------|--|-------------|--|--|
| 16. | (2.5) (1.5) | Middle Name | Last Name | | | | |
| 10. | 180 Cill by Alexander Max applies to you. Follow trese steps: | | | | | | |
| | The same of the sa | | Illinois | | | | |
| | | people in your household. | 1 | | | | |
| | household | mlly income for your state and : | To find | a list of applicable median income amounts, go online | \$52,410.00 | | |
| 17 | using the link specifi | y also be available at the bankruptcy clerk's office. | | | | | |
| 17. | | | | | | | |
| | 17a. Line 15b is less under 11 U.S.C | under 11 U.S.C. § 1325(b)(3), Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). | | | | | |
| | U.S.U. 9 13251 | e than line 16c. On the top of p b)(3). Go to Part 3 and fill out r current monthly income from | Calculation of Disposa | k box 2, <i>Disposable income is determined under 11</i> able Income (Official Form 122C-2). On line 39 of that | | | |
| Pari | | ommitment Period Under | | (4) | | | |
| 18. | | monthly income from line 1 | | | \$2,026.55 | | |
| 19, | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. | | | | | | |
| | 19a. If the marital adjustm | nent does not apply, fill in 0 on | line 19a. | | -\$0.00 | | |
| | 19b. Subtract line 19a fi | rom line 18. | | | \$2,026.55 | | |
| 20. | Calculate your current monthly income for the year. Follow these steps: | | | | 22/22/00 | | |
| | 20a. Copy line 19b. | | | | \$2,026.55 | | |
| | Multiply by 12 (the n | umber of months in a year). | | | x 12 | | |
| | 20b. The result is your cur | ment monthly income for the ye | ear for this part of the for | n. | \$24,318.60 | | |
| | 20c. Copy the median fan | nily income for your state and s | ize of household from li | ne 16c. | \$52,410.00 | | |
| 21. | How do the lines compa | ATB | | | | | |
| | Line 20b is less than commitment period is | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | | | | | |
| | Line 20b is more than 4, The commitment p | n or equal to line 20c. Unless of period is 5 years, Go to Part 4. | therwise ordered by the o | ourt, on the top of page 1 of this form, check box | | | |
| Part | 4: Sign Below | | | | | | |
| | Signature of Debte MM/DD/YY | or 1 | × s | statement and in any attachments is true and correct. ignature of Debtor 2 late MM/DD/YYYY | | | |
| | If you checked 17a, do If you checked 17b, fil above. | o NOT fill out or file Form 1220 Il out Form 122C-2 and file it w | 0-2. rith this form, On line 39 | of that form, copy your current monthly income from line | 14 | | |